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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/523760
Filing Date	8/11/2003
First Named Inventor	Joseph E. McIsaac
Art Unit	2431
Examiner Name	WRIGHT, BRYAN F
Attorney Docket Number	081893-0102

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;
- the practitioners (with registration numbers) of record listed on the attached paper(s); or
- the practitioners of record associated with Customer Number: 48329

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number

The reason(s) for this request are those described in 37 CFR :

- |                                        |                                         |                                                            |                                                 |
|----------------------------------------|-----------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 10.40(b)(1)   | <input type="checkbox"/> 10.40(b)(2)    | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)i) | <input type="checkbox"/> 10.40(c)(1)ii) | <input type="checkbox"/> 10.40(c)(1)iii)                   | <input type="checkbox"/> 10.40(c)(1)iv)         |
| <input type="checkbox"/> 10.40(c)(1)v) | <input type="checkbox"/> 10.40(c)(1)vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)   | <input type="checkbox"/> 10.40(c)(5)    | <input type="checkbox"/> 10.40(c)(6) Please explain below: |                                                 |

### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/83 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035

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Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B. <input checked="" type="checkbox"/>	Inventor or Assignee name	Joseph E. McIsaac
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Address 56 Mountain Road

City Burlington	State MA	Zip 01803	Country United States of America
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name	James F. Ewing	Registration No. 52,875
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Address 111 Huntington Avenue, Suite 2600

City Boston	State MA	Zip 02199-7610	Country United States
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Date	4/6/10	Telephone No. (617) 342-4000
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**NOTE: Withdrawal is effective when approved rather than when received.**

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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